

**NPHEP Subgroup on Acute Hospital Preparedness  
Update for NPHEP Meeting, 28 April 2020**

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An update is provided below of the position across key areas of acute hospital preparedness.

**Acute and critical care capacity**

- Daily data from the HSE PMIU/SDU COVID-19 Daily Operations Update (8pm, 26 April) shows 770 patients admitted on site at acute hospitals, of whom 481 were in the six Dublin public hospitals (118 in the Mater). There were 153 vacant critical care beds of which 38 were in the Dublin public hospitals.
- There were 1440 vacant acute beds in the system at the same time, which is significantly down on the c.2,000 vacant acute beds seen daily over the past couple of weeks.
- Further consideration of sustainable capacity levels will be undertaken in the context of the ongoing delivery of Covid and non-Covid work, in particular critical care capacity. The Department received a presentation last week on the demand-capacity modelling work ongoing by the relevant IEMAG subgroup and a presentation to the Subgroup is being scheduled.

**Maintenance of essential time-critical services**

- While ED attendances are still significantly lower than for the same week last year, in the week ending 21 April there was a 10% increase when compared to the previous week. Research to ascertain the reasons for non-attendance is underway and initial results suggest the fear of infection is the overwhelming reason.
- The RCSI submitted proposals to the Department and the HSE on 17 April on actions that could support a consistent national approach to continued delivery of urgent surgery, as previously approved by NPHEP. The RCSI proposals were discussed on a teleconference on 20 April involving the Department, the HSE including NCCP, the NTPF and private hospital representation as well as the RCSI.
- The Department wrote to the HSE on 25 April regarding the need for clear direction to Hospital Groups to ensure a consistent approach on surgical prioritisation, based on clinical guidance within existing structures, and to ensure processes are in place to avail of private hospital capacity where clinically appropriate.
- The RCSI proposals also set out that the College has capability and capacity to assist with assessing future surgical demand over the coming six to 12 months, with a particular focus on urgent surgery, and offered to assist the HSE in this work. This is very welcome, and the Department wrote to the RCSI on 25 April to ask that this proceed.
- A joint Acute and Primary Care presentation was made to the Medical Leaders' Forum on Saturday 26 April on non-covid care, including input from colleagues in Scheduled and Unscheduled Care. The Forum provided an opportunity for a range of views on the resumption of non-covid care across the system. There was agreement on the need to deliver non-covid care in a "new normal" while recognising significant challenges including in relation to capacity, testing, PPE and new ways of working. There was also agreement on the importance of retaining innovative solutions, and taking opportunity to bring about long-term change (for example, in trauma services).
- The Department of Health and the National Cancer Control Programme have been working in partnership to oversee the continued safe provision of cancer services. Together 4 Cancer Concern: Cancer service initiative in the context of Covid-19 was launched last week, involves community and telephone psycho-social support for cancer patients, survivors and their families

and carers during the Covid-19 period. This is being done as a collaboration involving the NCCP, the Irish Cancer Society, Cancer Care West and the network of community cancer support centres across the country.

#### **Infection outbreak control in acute hospitals**

- Following NPHE's consideration of HIQA's desktop review of infection and prevention control programmes in acute hospitals, the Department wrote to the HSE on 22 April in relation to the implementation of practical measures to address the risks identified by HIQA, and to explore and agree the supports which are required to be put in place immediately to mitigate the risks identified in certain Hospital Groups.

#### **National Ambulance Service**

- Normal activity is continuing with approximately 600-700 Emergency calls outs. 73 calls per day are completed by the NAS Intermediate Care Service.
- On Friday 17th April 2020 the NAS responded to COVID-19 emergency by deploying resources specifically to Nursing Homes and other Residential Settings to test residents and staff within these settings. Since the launch of priority testing in nursing homes and other residential settings, 18th April 2020 to 27th April 2020 (7am), the NAS has conducted 25,568 tests within these settings.

#### **Mortuary capacity**

- The National Oversight Group which is overseeing the implementation of the national covid-19 mortality plan met on 14 and 17 April. Following the meeting on 17 April, The National Oversight Group sought additional guidance from the HPSC on viral persistence post mortem and best practices for infection control / safe handling of the deceased in a range of settings. The National Oversight Group is working with a subgroup of stakeholders to identify the key issues where additional guidance is required. This will be discussed with HPSC to refine and extend the existing guidance.

ENDS